



# Indiana Department of Revenue

## Proportional Use Credit Certification Application Fee \$7.00

**PROP-1**

Rev. 08/00

1. Legal Name			2. Doing Business As (DBA)		
3. Physical Address			4. Mailing Address		
5. City	6. State/Province	7. Zip Code	8. City	9. State/Province	10. Zip Code
11. County	12. Telephone Number (     )		13. Federal Identification Number		14. Social Security Number
15. Interstate U.S. DOT Number		16. Indiana IFTA Number	17. IFTA Number (If Non-IN. IFTA)		18. Base State/Jurisdiction
19. Indiana U.S. DOT Number		20. Indiana Motor Carrier Number	21. E-Mail Address		

**NOTE:** If you **ARE NOT** an Indiana IFTA/Motor Carrier Account and are registered in another jurisdiction, proceed to line 22. All others go to line 24.

22. Check the type of organization of this business:

☐ Sole Proprietorship    ☐ Partnership    ☐ Corporation    ☐ Government    ☐ Other \_\_\_\_\_


23. Non-Indiana Based Corporation must provide the following information:

State of Incorporation:	Date of Incorporation:	State of Commercial Domicile:
Enter the date authorized to do business:		Accounting period year ending date (MM/DD):

Non-Indiana Based Corporation - List Name of Owner, Partners or Officers (Attach additional sheets)

Last Name, First, Middle Initial	Title	Street Address	City	State	Zip	Social Security Number

I do hereby certify under penalty of perjury that the foregoing and attached information is a true and correct statement to the best of my knowledge and is a complete and full representation based upon the best information available.

24. Signature of Taxpayer/Authorized Agent 	Typed or Printed Name	Title
	Date Signed	Telephone Number (     )

This application **MUST** be signed by the owner, general partner or corporate officer before it will be processed by the Department.

For more information regarding this application, you may contact the Department at (317) 615-7345. Mail completed application, all relevant documentation and application fees to:

**Indiana Department of Revenue  
Motor Carrier Services Division  
P.O. Box 6078  
Indianapolis, IN 46241-6078**

Vehicle Information			
(This section must be completed by all applicants)			
If you have more than 5 vehicles, please attach printout			
Vehicle Code	Vehicle Identification Number Power Units Only	Vehicle Type TK or TR	Vehicle Make

## Line By Line Instructions

Line 1: Enter Legal Name or Sole Proprietorship, Partnership, Corporation, or other legal name.

Lines 3, 5, 6, 7 & 11: Enter the actual location of your business by providing the Street Address, City, State/Province, Zip Code and County\* (\*Indiana businesses only).

Lines 2,4,8,9,10: Enter the appropriate information ONLY if different than lines 1,3,5,6,7,11.

Line 12: Enter the area code and telephone number of your principle place of business.

Line 13: Enter your nine (9) digit Federal Identification Number.

Line 14: Enter your Social Security Number if your business does not have a Federal Identification Number.

Line 15: Enter your INTERSTATE US DOT Number (you will have an Interstate US DOT Number if your vehicle(s) operate outside the state of Indiana.)

Line 16: Enter your Indiana IFTA Tax Identification Number (if based in Indiana.)

Line 17: Enter your IFTA Account Number if based outside the state of Indiana.

Line 18: Enter your Base State/Jurisdiction in which you have your IFTA registered.

Line 19: Enter your Indiana US DOT Number (you will have an IN US DOT Number if your vehicle(s) operate in the state of Indiana only).

Line 20: Enter your Indiana Motor Carrier Account Number.

Line 21: Enter an e-mail address to send/receive correspondence to/from the Department.

Line 22: To be entered by NON-INDIANA CARRIERS ONLY. Check the appropriate business type here. If a CORPORATION, complete Line 23. All others go to Line 24.

Line 23: Enter the requested information below. This certificate will not be processed without this section completed.

Line 24: Enter the signature of Taxpayer/Authorized Agent.

## List of Eligible Vehicles

### CODE

10	Air Conditioning Unit for Buses .....	10%
11	Bookmobile .....	35%
12	Boom Trucks-Block Boom .....	20%
13	Bulk Feed Trucks .....	15%
14	Car Carrier with Hydraulic Winch .....	10%
15	Carpet Cleaning Van .....	15%
16	Cement Mixers .....	30%
17	Distribution Truck-Hot Asphalt .....	10%
18	Dump Trailers .....	15%
19	Dump Trucks .....	23%
20	Fire Truck .....	48%
21	Leaf Truck .....	20%
22	Lime Spreader .....	15%
23	Line Truck-Digger/Derrick, Aerial Lift Truck .....	20%
24	Milk Tank Trucks .....	30%
25	Mobile Cranes .....	42%
26	Pneumatic Tank Truck .....	15%
27	Refrigeration Truck .....	15%
28	Salt Spreader-Dump with Spreader .....	15%
29	Sanitation Dump Trailers .....	15%
30	Sanitation Truck .....	41%
31	Seeder Truck .....	15%
32	Semi Wrecker .....	35%
33	Service Truck with Jackhammer, Pneumatic Drill .....	15%
34	Sewer Cleaning Truck Sewer Jet, Sewer Vactor .....	35%
35	Snow Plow .....	10%
36	Spray Truck .....	15%
37	Super Sucker .....	90%
38	Sweeper Truck .....	20%
39	Tank Trucks .....	24%
40	Tank Transport .....	15%
41	Truck with Power Take Off Hydraulic Winch .....	20%
42	Wrecker .....	10%

*Please use the code number when listing the vehicles on this Certification and all Claims for Credit forms. Also use these codes when adding/deleting vehicles quarterly.*

### \*\*\*\*IMPORTANT\*\*\*\*

A carrier must complete this application and be certified by the department in order to qualify for a proportional use credit. A carrier must apply to the Department for certification before April 1 of the first calendar year for which the proportional use will be claimed.

**NOTE:** Once the carrier has been certified by the Department, that certification is valid for all subsequent calendar years.